

# LB 840 APPLICATION

## Ogallala Economic Development Plan Fund Qualifying Business Application

Please read the Economic Development Plan to make sure your project is a qualifying eligible project before submitting the application. Contact Keith County Area Development or the City of Ogallala with questions.

### PART I. GENERAL INFORMATION

#### 1. APPLICANT IDENTIFICATION

Applicant Name:

Mailing address:

Phone:

Email:

City:

State:

ZIP Code:

Local Government Contact:

Phone:

E-mail:

#### 2. PERSON PREPARING APPLICATION

Name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Local Staff  Economic Development District  In-State Consultant  Out-of-State Consultant

Business Applicant  DED Staff  Other If Other, please specify:

#### 3. TYPE OF ASSISTANCE

Direct Loan  Loan Guarantee  Deferred Loan  Performance Based Grant

#### 4. APPLICATION TYPE

Business  Other

If Other, please explain:

#### 5. FUNDING SOURCES (round amounts to the nearest one hundred dollars)

LB840 Funds Requested:

Matching Funds:

Other Funds:

Total Project Funds

#### 6. PROGRAM SUMMARY

Provide a brief narrative description of the project for which LB840 funds are requested.

Business Classification:  Manufacturing  Tourism  Transportation  Service  
 Research & Development  Administrative  Warehousing/Distribution  
 Workforce Housing  Management Headquarters  Other

Other, please explain: \_\_\_\_\_

Start-Up Business  Existing Business Expansion

Is this your first business venture in Ogallala/Keith County?  Yes  No

Comments:

Is this your first business venture in Nebraska?  Yes  No

Comments:

Does the business have a parent or subsidiaries?  Yes  No

If Yes, Identify name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PART II. PROJECT AND FUNDING INFORMATION

USES OF FUNDS	TOTAL PROJECT COST	FUNDS REQUESTED
Land Acquisition	_____	_____
Building Acquisition/Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip.	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (includes Inventory)	_____	_____
Other (specify) _____	_____	_____
TOTAL:	_____	_____

### SOURCES OF FUNDS

Note: Public financing requires the participation of a private financier and equity funds.

Participating Lender Information:

Name of Lending Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Loan Term in Years: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Percent  
\_\_\_\_ Variable \_\_\_\_ Fixed

Collateral Required: \_\_\_\_\_ Equity Required: \_\_\_\_\_

Equity Information:

Amount available by business or owners for Investment: \_\_\_\_\_

Project Location:

- Within the City Limits of Ogallala
- Outside the City Limits, but within the Zoning Jurisdiction of Ogallala
- Outside the City Zoning Jurisdiction but within Keith County

### PART III SUPPORTING DOCUMENTATION

1. Company Financial Statement for past three (3) years
2. Company Background or Company Profile
3. Business History - Describe what your existing business has done for the area and what you want to accomplish in the next 3 to 5 years with an emphasis on local community impact. Include a brief resume on the management team, if applicable
4. Provide required information regarding eligibility as detailed in the City Ogallala Economic Development Plan

### PART IV JOB CREATION INFORMATION

1. Total full time equivalent positions as of \_\_\_\_\_
2. Total new full time equivalent positions being created from the project which will be filled for one year or longer \_\_\_\_\_
3. FOR SEASONAL ONLY: Total new full time equivalent positions being created from the project which will be filled for 3 months or longer \_\_\_\_\_
4. Provide a job description for each new position. Complete all information for each job title and identify the number of positions to be created. Use the list below for job titles.

#### JOB TITLES FOR JOB CREATION/RETENTION

For each job retained or created, the following general titles are to be used. If additional titles are to be used for clarification, place in parentheses under these general titles.

1. Officials and Managers – Occupations requiring administrative personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operation.
2. Professionals- Occupations requiring either college graduation or related experience in an amount as to provide comparable background.
3. Technicians – Occupations requiring a combination of basic scientific knowledge and manual skills which can be obtained through about two years of post-high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training.
4. Sales – Occupations engaging wholly or primarily in direct selling.
5. Office and Clerical – includes all clerical type work regardless of level of difficulty, where the activities are predominantly non-manual.
6. Crafts Workers (skilled) – Manual workers of relatively high skill level having thorough and comprehensive knowledge of the processes involved in their work; exercise independent judgment and usually receive extensive training.
7. Crafts Workers (semi-skilled) – Workers who operate machines or processing equipment or perform other factory type duties of intermediate skill level which can be mastered in a few weeks and require limited training.
8. Laborers – Workers in manual occupations which generally require no special training.



**PART V. COMPANY CERTIFICATIONS**

- a. All information in this application and any attachments are true and complete;
- b. There are no legal actions underway or being contemplated that would significantly impact the capacity of this company to effectively proceed with this project;

If benefiting business is a proprietorship or partnership, sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

If benefiting business is a Corporation, sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Attest: \_\_\_\_\_

Printed Name/Title \_\_\_\_\_ Date: \_\_\_\_\_